



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 14, Number 4 Fall 2010



Aesthetic Surgery Journal Releases Results From New Reader Survey

Foad Nahai, MD, Editor in Chief

In the world of medical publishing, reputation certainly does count for a great deal, but resting on your laurels when your readership feels that you are only as good as your next issue is the quickest way to become obsolete. Traditionally, *Aesthetic Surgery Journal* has always been at the forefront of aesthetic surgery, and cosmetic medicine education

and understanding what our members and readers need from a medical journal—detailed procedures, clinical data and sound scientific studies.

This year we have polled our subscribers again to learn, among other things, how they access *ASJ* articles, if the advertising in the issue is relevant or helpful to their knowledge base, and what percentage of

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Financial Planning: From Residency To Retirement

Lawrence B. Keller, CLU, ChFC, CFP®



It is no surprise that plastic surgeons are at a disadvantage when it comes to personal financial management. Although they receive the best medical training in the world, they are not provided with the knowledge necessary to

deal with the business realities of the practice of medicine or their financial well-being.

This article will provide an overview of the financial planning process, as well as highlight some areas of concern at each stage of a plastic surgeon's financial life—namely the accumulation, distribution and conservation phases.

What is Financial Planning?

The term "financial planning" can be used to illustrate many things. It can be a comprehensive plan, focusing on several needs or goals at the same time, or limit itself to specific areas such as establishing a budget, saving for a home, a child's education or retirement.

One of the main benefits of having a financial plan is that you can see how the financial decisions you make in one area will impact the decisions you make in others. Using this information, you can prioritize your goals, implement specific strategies, and choose suitable products or services to help you achieve them.

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International Programs Generously Supported by Sientra

By Clyde H. Ishii, MD

The ASAPS International Traveling Professor Program and International Fellowship Program, both created to support international aesthetic surgery education, has once again been generously supported by our friends at Sientra. Founder and President Hani Zeini, who shares the Society's vision for education, is providing sponsorship that will financially support both of these programs for the coming year.

International Traveling Professors share their expertise and experience with



Dr. Aina Greig is congratulated by Sientra Founder Hani Zeini on her international traveling fellowship award.

plastic surgery residents and aesthetic surgery fellows in an effort to prepare them for the competitive subspecialty of cosmetic surgery. The professors are provided with

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Aesthetic Society News

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
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December 2 – 4, 2010

30th MEETH Aesthetic Surgery Symposium: The Cutting Edge—Facial Rejuvenation 2010

The Grand Hyatt Hotel, New York, NY
Contact: Lauren Fishman:
212.355.5702
astonbakersymposium@gmail.com
www.nypsf.org
Jointly Sponsored by ASAPS

January 13, 2011

4th Annual Oculoplastic Symposium

InterContinental Hotel, Atlanta, GA
Contact: Susan Russell
703.234.4067
srussell@gunnerlive.com
Endorsed by ASAPS

January 14 – 16, 2011

27th Annual Breast Surgery Symposium

InterContinental Hotel, Atlanta, GA
Contact: Susan Russell
703.234.4067
srussell@gunnerlive.com
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January 28 – 30, 2011

Expanding Horizons—New Paradigms in Aesthetic Plastic Surgery

Encore Las Vegas, Las Vegas, NV
Contact: ASPs at 800/766-4955
Registration@plasticsurgery.org
Co-Sponsored by ASAPS/ASPS

February 10 – 12, 2011

45th Baker Gordon Educational Symposium

Hyatt Regency Miami, Miami, FL
Contact: Mary Felpeto
305.859.8250
www.bakergordonsymposium.com
Jointly Sponsored by ASAPS

March 2 – 6, 2011

14th Annual Dallas Cosmetic Surgery Symposium and 28th Annual Dallas Rhinoplasty Symposium

Westin Galleria, Dallas, TX
Contact: John Harrington
214.648.3792
dallasRhinoplasty@outsouthwestern.edu
Endorsed by ASAPS

March 4 – 7, 2011

American Brazilian Aesthetic Meeting

Park City, UT
Contact: Luanna Squerzi
americanbrazilianaestheticmtg@gmail.com



May 4 – 7, 2011

SPSSCS 17th Annual Meeting

Boston Convention & Exhibition Center, Boston, MA
Contact: SPSSCS at 800.486.0611
www.spsscs.org



May 6 – 11, 2011

The Aesthetic Meeting 2011 Affirming the Science of Aesthetic Surgery

Boston Convention & Exhibition Center, Boston, MA
Contact: ASAPS 800.364.2147
562.799.2356
www.surgery.org/meeting2011



Shifting Sands

Your Society remains active and focused on the rapidly changing environment of the field of aesthetic surgery and cosmetic medicine. Every day we read about new developments—new technologies, new science, new competitors, new opportunities, and new challenges that impact both our practices and our patients. Segments of the aesthetic surgery marketplace—particularly non-surgeons posing as aesthetic surgeons or certain industry segments that want to equate their non-invasive technologies as comparative to surgical techniques—actively try to obscure the advantages of our surgical techniques and training. Their growth and survival is predicated upon your demise as the authority in aesthetic surgery.

As those that would claim to be plastic surgeons continue to emerge from the woodwork, we must respond to show our superior training and our focus on patient safety and treatment efficacy. We must balance our enthusiasm for the potential of new treatments and devices with a healthy skepticism of industries driven by profit incentives and catering to non-core physicians. Your Society is actively working to develop new partnerships and to heighten the emphasis on reliable outcomes evidence to help us navigate these shifting sands.

Physician's Aesthetic Coalition

In order to have the greatest voice for patient safety and truthful advertising within the realm of aesthetic surgery and cosmetic medicine, developing alliances with other similarly-minded ABMS board certified physicians makes sense, and based on two previous membership surveys, you are looking for such collaborations.

In the summer of 2009 the first steps toward such a relationship were organized

by ASAPS Past Presidents Alan H. Gold, MD and Renato Saltz, MD. We are now seeing the formal organization of the Physician's Aesthetic Coalition, formed by ASAPS, the American Academy for Facial Plastic and Reconstructive Surgery (AAFPRS), the American Society for Oculoplastic and Reconstructive Surgery (ASOPRS), and the American Society for Dermatologic Surgery (ASDS). The Coalition is pledged to the advancement of patient safety, the appropriate training of aesthetic providers, and evidence-based advancement of the specialty. Each organization has named two representatives as voting members as well as a senior advisor. Meetings of the Coalition will be organized by a Chair elected by the voting members. The Chairmanship will be on a two year term and will rotate between each of the organizations. Your representatives are President-Elect, Jeffrey Kenkel, and me; I will also be serving as the first Chair of the group. Immediate past-President Dr. Renato Saltz will be acting in the advisory role. In addition to working together on issues such as patient safety, the Coalition partners will be together endorsing the Multi-Specialty Foundation Aesthetic Surgery meeting next June in Las Vegas, Nevada. This will be the 7th annual meeting of this group, and Dr. Saltz, as co-chair, representing our specialty. The meeting is organized to foster cross-education between specialties but also to recognize the need for physicians to work within their scope of training.

Got Evidence?

We hear claims every day about the latest procedure or device. Sure, the glossy marketing brochure or internet video looks great, but does it really work? How do we know if one treatment is better than another, or really works at all? How do we

know that the device is safe? We watch a great presentation at one of our meetings, and the selected photos may look impressive, but is the new technique as good as, better, or less effective than what you are currently doing?

In order to provide the safest and most effective care of our patients, plastic surgeons need answers to these questions. The path to finding the answers is through Evidence Based Medicine.

Working in partnership with the American Society of Plastic Surgeons, the members of the Physician's Aesthetic Coalition, and the American Association of Dermatology, ASAPS is helping to lead the charge to bring evidence based medicine into our specialty. Please see the report on the groundbreaking summit, "Evidence-Based Plastic Surgery: Transforming The Specialty" on page 8.

Financial Restructuring

2010 was a challenging year for non-profit organizations such as ASAPS. The ongoing recession impacted not only meeting attendance but also industry support. ASAPS has taken these challenges and used them as an opportunity to take a financial "deep dive," reorganizing both our financial reporting and monitoring systems as well as reassessing our priorities and looking at additional ways to limit costs. Guided by the able hands of our new Executive Director, Sue Dykema, and your Chair of Finance and Investment, Dr. Michael Edwards, this process is proceeding rapidly and comprehensively. In September your Board of Directors approved a revised budget. With these adjustments your Board of Directors is very optimistic about the prospects for FY 2011.



Project Beauty Phase Two: Product You Can Use in Your Practice Today

The Society's video-on-demand service Project Beauty (www.projectbeauty.com) is growing in viewers, members and advertisers as we continue to cover new ground in positioning members as the go to source in all things relating to beauty. Project Beauty launched to members at the Aesthetic Meeting 2010, where we also introduced the product to the media. Our "hard launch" to the public occurred in July of this year. Since then, we have gone from no members to almost 5,500, have secured advertising support from Allergan, Mentor, Medicis, Sound Surgical, BioForm and Lifecell, and have produced video content that has been picked up by local news outlets and blog sites.

All well and good. However, I am happy to report that, in terms of referrals, Project Beauty is beginning to bear fruit. According to the September statistics, approximately 350 visitors utilized the "Find a Surgeon" function on our site; we will soon be able to provide metrics that show what particular members benefited from this new, untapped contact.

Product for consumers is now a product for your practice.

Commencing in January, 2011, Project Beauty videos will be available on CD to all ASAPS members and candidates, updated on a quarterly basis. This product will include select advertising for products you market in your practice (for example, skincare lines, injectables, implants, etc.) and will provide an excellent and entertaining waiting room experience for your patients. Full details on this program are in development and will be sent to you via blast email.



Introducing Corrie Shenigo:

In order to have fresh content on a twice a week basis that is of

interest to our target demographic (primarily women, 35-50), we have retained the services of Corrie Shenigo, an experienced and witty health and beauty blogger who joined our team about a month ago. Corrie's blogs have ranged from high heels (If you touch my shoes I will hurt you) to scar maintenance (Dear Scar, I am totally breaking up with you). You can find her blogs on www.projectbeauty.com.



The Society of Plastic Surgical Skin Care Specialists joins our editorial team

Both medical and over the counter skincare has emerged as a hot topic among Project Beauty viewers. The membership and leadership of the SPSSCS has graciously agreed to provide Project Beauty with content on a weekly basis via a new section titled "my favorite skincare product". Skincare Society members post the products they recommend to their patients and Project Beauty viewers can enter to win the product. This new program has already generated excitement among manufacturers and launched to viewers in October, 2010.

Focus groups conducted of Project Beauty community:

During the month of October we held several focus groups of Project Beauty community members. These sessions, con-

sisting of members in the greater Los Angeles and New York City areas, were conducted to obtain information on opinions of video content, how frequently the site should be updated, how often they visit the site and if a new home page with simpler navigation would be preferable to our current look.

The women were universal in their positive comments on our content, finding the length of the videos "just right," and the content "more educational than entertaining." Several participants commented on the value of the surgery-related content and did not care for the fashion-related video calling it "too out there." Participants had kudos for our new blogger, calling her "fresh and funny," however, the majority of participants found our current site difficult to navigate. We are working on this issue as well as some video streaming issues that should be reflected on the site within the month.

Just the numbers:

Project Beauty members to date	More than 5,550 as of October, 2010
Total visits	63,326
Find-A-Surgeon Referrals	400 per month

I would like to thank my colleagues on the Project Beauty Task Force for their dedication and commitment to this project: Dr. Robert Singer, Dr. Alan H. Gold, Dr. Renato Saltz, Dr. Laurie A. Casas, Dr. Sanjay Grover, Dr. Jennifer L. Walden, Dr. Anne Taylor, Dr. Haideh Hirmand, Dr. W. Grant Stevens and Debra Yates, SPSSCS.

Daniel C. Mills, II, MD is an aesthetic surgeon practicing in Laguna Beach, CA. He is Chair of the Project Beauty Task Force and Chair of the Society's Communication Commission.

Physician Payments Sunshine Act

PhRMA and AdvaMed were implemented in 2009 to reduce industry's influence upon the treatment and prescribing decisions of physicians by overhauling the use of patient data, corporate support, CME relationships and most visibly, the drastic reduction or elimination of marketing perks, i.e. no more company sponsored recreation, sports, resorts, spouses, great restaurants or exhibitor reminder gifts. Insulated from these prohibitions were contractually based, fair market compensation and expense reimbursement for company consultants and speaker programs, but neither PhRMA nor AdvaMed required that the amount of such payments be disclosed by industry.

Unbeknownst to many, Vermont has required such disclosure since 2002, and in 2009, along with Massachusetts and Minnesota, passed state legislation mirroring these PhRMA and AdvaMed prohibitions so as to strengthen the law. In April of 2010, Vermont released its data showing that industry payments to physicians in 2009 totaled \$2.6 million, down 13% from the prior fiscal year; \$800,000 of this amount was physician marketing perks.

Vermont was ahead of the curve, but no more. Such reporting of payments to physicians will soon become mandatory in all 50 states through a new federal law. By way of history, in January of 2009, Senator Charles Grassley (R-IA) introduced Senate Bill 301: Physician Payments Sunshine Act of 2009, the term "sunshine" referring to bringing industry payments into the full light of day. S.301 did not pass, but its provisions became Section 6002: Transparency Reports and Reporting of Physician Ownership or Investment Interests in a now-famous piece of legislation, namely HR 3590: the Patient Protection Affordable Care Act <http://democrats.senate.gov/reform/patient-protection-affordable-care-act.pdf>, also known as "Obama Healthcare." The relevant dates for implementation are:

January 1, 2012: industry will begin recording payments to physicians (or to other entities they designate, such as corporations or LLC's, but the payments will still be assigned to the physician);

March 31, 2012: industry will begin reporting to congress;

September 30, 2013: all such information will be available online.

However, as part of their settlement with the Department of Justice this past September and payment of a \$600,000 fine to settle charges of illegally marketing Botox, Allergan has agreed to begin recording payments to physicians January 1, 2011, i.e. one year early, so many of you should not be surprised if in the near future you receive mail (or accidentally already threw it away, not realizing its significance) notifying you of this new physician payment reporting requirement.

As for what gets reported, the list is intended to cover all transfers of value, including:

- Cash or equivalents;
- In-kind items or services;
- Stock, options, ownership, dividends, profits, return on investments;
- Anything else defined by the Secretary of HHS.

Each transfer must also specifically identify whether the transfer is for:

- Consulting fees;
- Compensation for services other than consulting;
- Honoraria;
- Gifts;
- Entertainment;
- Food;
- Travel, including the destination;
- Education;
- Research;
- Charitable contribution;
- Royalties or license fees;
- Current or prospective ownership or investment interests;
- Compensation for being faculty or a CME speaker;
- Grants;
- Anything else defined by the Secretary of HHS.

So is this a done deal? Not necessarily. Since this legislation was rolled into HR 3590 ("Obama Healthcare"), a medical lightning rod of political controversy, implementation may well change with the Republican majority following voting this past November.



Announcing The Newest Benefit For ASAPS Members: The Questionable Claims Submission Program

By Leo R. McCafferty, MD

How many times have you seen a product or device advertised with inaccurate or misleading claims? It's hard enough for us to cut through the marketing hype but it can be nearly impossible for our patients, many of whom want to try the latest "best thing."

We have all faced these frustrating situations—now we have a chance to do something about it. The Aesthetic Society's Industry Policy Committee has recently implemented a submission form that can be found on the member's password protected side of www.surgery.org. Simply fill out the form on <http://www.surgery.org/members/submit-industry-complaint> and your concern will go directly to me as Chair of the Committee. Your input will be discussed with leadership and with the company making the claim.

We hope you utilize this service and find it useful. Please let me or staff liaison Tom Purcell know if you have any questions about this program. You can reach Tom at tom@surgery.org

Leo R. McCafferty, MD is an aesthetic surgeon practicing in Pittsburg, PA. He is Secretary of The Aesthetic Society.

A Team Approach

If you are in the market for an advisor, you will want to know the qualifications and experience level of each one that you are considering. Just as you decided to sub-specialize in aesthetic plastic surgery, many financial advisors also specialize in particular areas of planning. Therefore, in most cases, you will rely on the skills of more than one financial advisor, including both Certified Public Accounts and Attorneys. This “team approach” often produces the best results by incorporating financial, tax and legal strategies into your planning.

In the shaded box below is a list with a brief summary of some of the most recognizable designations or certifications that you might see among financial service professionals.

Certified Public Accountant (CPA)

Certified Public Accountants provide you with advice on tax matters and help you prepare and submit your income tax returns to the Internal Revenue Service.

Personal Financial Specialist (CPA/PFS)

Personal Financial Specialists are CPAs who have demonstrated both knowledge and significant practical experience in the area of personal financial planning.

Certified Financial Planner (CFP)

Certified Financial Planner professional™ have completed a series of courses in investments, insurance, income taxes, estate, and retirement planning.

Chartered Financial Consultant (ChFC®)

Chartered Financial Consultants have credentials similar to CFP®s. ChFC®s have completed a series of courses and exams covering financial, insurance, and estate planning subjects.

Chartered Life Underwriter (CLU®)

Chartered Life Underwriters are insurance agents who have completed comprehensive educational courses and demonstrated expertise in different areas of estate and insurance planning. This designation is specifically designed to enhance the knowledge of people employed in the life insurance industry.

Chartered Financial Analyst (CFA®)

Chartered Financial Analysts have expertise in investing and portfolio management.

Implementing Your Financial Plan

Unfortunately, substantial demands on your time can make it difficult for you to come up with a starting point or allow you to accurately evaluate your financial plan, but, the roadmap below should help focus your attention on areas that should be of concern:

Resident, Fellow and “New In Practice” Plastic Surgeons (1-5 Years)—Capital Accumulation

- Purchase and maximize an individual Non-Cancelable, Guaranteed Renewable “Own-Occupation” disability insurance policy with benefits to age 65 or longer, a Residual Disability Rider, a Cost Of Living Adjustment (COLA) Rider and a Future Increase Option (FIO) or Future Purchase (FPO) Rider. This type of policy will provide you with income if you are

disabled and cannot perform your duties as a plastic surgeon—even if you can earn the same or more income in another occupation or medical specialty.

While any one company will issue a policy with a monthly benefit of \$15,000 or \$16,000 per month, by combining at least two companies, a plastic surgeon can reach up to \$20,000 or \$25,000 per month, depending upon their state of residence.

One should also look for a policy with a “multi-life” or medical association discount. While this can provide male plastic surgeons with a savings of 10%-15% off of their policies, female plastic surgeons can save as much as 60% off of their policies if a gender neutral or “unisex” rate is available.

- Purchase a Business Overhead Expense (BOE) Disability Policy. This type of policy will provide you with the monies necessary to pay the fixed expenses associated with running your practice—including rent, staff salaries, malpractice insurance, etc. The premiums for this coverage are also income tax deductible to your practice.
- Purchase a level premium term life insurance policy with a death benefit of at least \$1,000,000. If you have a family history of cardiac or cancer (mother, father, brother, sister) but you are still healthy, that alone may be a reason to purchase coverage even if you are single. If you are married, have a mortgage and/or have children, it is all the more reason to purchase life insurance. As your financial situation changes, you can re-evaluate the amount and type of insurance you own. A good general rule of thumb is to insure yourself for 7-10 times your gross income.
- Purchase auto, homeowner’s/renters and umbrella (“Excess Liability”) policies. These policies will protect you and/or your assets and future earnings. Make sure your deductible is at least \$1,000 and that the liability limits of your auto and homeowner’s insurance match. Additionally, if they are all with the same company, substantial discounts may be available.

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- Start contributing to IRAs, 401(k)s, 403(b)s, Profit Sharing and other types of income tax advantaged retirement plans—especially if your employer or hospital provides you with a matching contribution. If you are moonlighting or receive 1099 income as an Independent Contractor, consider establishing a SEP-IRA. You have until April 15, 2011 to make a contribution for 2010.
- Save for a down payment and purchase a home. The mortgage interest for up to \$1,000,000 of indebtedness is income tax-deductible. Up to \$100,000 of indebtedness on a home equity line of credit (HELOC) is also income tax-deductible.
- Establish a Last Will and Testament, Durable Power of Attorney, Healthcare Representative Appointment and Living Will with an estate planning attorney. Don't forget to also discuss a Bypass or Credit Shelter Trust and Irrevocable Life Insurance Trust (ILIT) with your attorney.
- Begin the payment of student loans. Some lenders will reduce your interest rate if your payments are automatically deducted from your checking account. Also see if you can have the interest rates lowered on your credit cards by calling and asking.
- Save for your child or children's college education(s). Consider tax savings that may be available when building a college fund. Section 529 plans may be a good choice since they are not subject to income limitations.
- Establish and fund a Buy-Sell Agreement if you are in practice with other plastic surgeons.
- Establish an emergency fund (3-6 months of your expenses).

Practicing Plastic Surgeons (5 Years—Retirement)—Accumulation and Distribution

- Hire your children to work for your practice. The wages you pay will be income tax deductible by your practice and taxable to your children in their own, presumably lower, tax brackets. You can then use the monies to fund a Roth IRA and begin building a nest egg for their retirement.

- Continue to maximize your disability insurance based on your rising income.
- Consider converting some of your term life insurance to permanent insurance and/or increasing your life insurance coverage based on your rising income.
- Make sure to maximize your investment returns while minimizing risk. Often,

Summary

Despite the fact that plastic surgeons are extremely well-trained in their field, they often lack the time and desire to plan for their financial futures. While the above article should give you an idea of some areas that you should be concerned with at each stage of your career, it is not a substitute for seeking the help of qualified advisors. You've spent a long time acquiring and maintaining expertise in your field, and your patients rely on your specialized knowledge. Doesn't it make sense for you to do the same when it comes to your financial planning?

investors will follow market trends as an alternative to seeking out sound advice. But, trying to achieve financial goals by pouring all of one's assets into emerging markets today, telecommunications tomorrow, and Japanese small-cap stocks next week is not a guarantee for achieving a sound financial plan.

Ultimately, the most important step in the investment process is deciding how to allocate assets among broad asset classes such as stocks, bonds and cash. This process has come to be known as asset allocation.

- Investigate strategies to maximize your retirement plan contributions while minimizing those that must be made by your practice for the benefit of your staff.
- Continue to save money for child or children's college education(s).

- Invest in mutual funds, stocks, bonds and annuities in addition to your retirement account(s). Focus on tax management to help control tax implications within your portfolio and to help you enhance after-tax returns.
- Establish an asset protection plan with an attorney that specializes in that area of law—you need an expert. Be sure to take advantage of the statutory protections given to various assets by the state legislature. These are known as “exempt assets” and may include exemptions for homestead, annuities, life insurance and qualified plans. A current list of state-by-state exemptions is maintained at www.creditorexemption.com.

Personal assets are for trusts.

Business assets are for business entities. Avoid putting personal assets into business entities, as this makes them more likely to be disregarded by the courts for liability purposes on alter ego and similar theories.

If you own rental property, make sure to have it owned by a separate entity such as an LLC instead of owning it in your own name. The same is true for your office building. Do not have your practice own the building in which your practice is located.

- Consider purchasing Long-Term Care (LTC) insurance for yourself and/or your parents. If you are in a larger practice that is a C Corporation, you can take an income tax deduction for the premiums and not have the benefits taxed upon receipt if you need to collect on the policy. You can also pay the premiums for only ten years to maximize your income tax deduction and guarantee that you will have coverage in place for the rest of your life.
- Establish a gifting program to shift income to your children and other family members.
- Consider IRA rollovers and Roth IRA conversions.
- Continue to repay your student loans.

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Evidence-Based Plastic Surgery: Transforming the Specialty

By Felmont F. Eaves, III, MD

How do we answer a patient who demands the latest “breakthrough” seen on a television talk show or internet site with either sketchy or no science behind it? How do we decide when we should give this patient chemoprophylaxis and for how long, or compare the efficacy and safety of two treatment options?

The first question exemplifies how a competitive and profit-driven market has misinformed and misled our potential patients, patients trying to make decisions on marketing hype instead of the plastic surgeon’s recommendations. The second question highlights the challenges in making complex treatment decisions in the face of conflicting and incomplete data.

The answer to both of these questions will come through the discipline of Evidence Based Medicine (EBM). Starting in the 1970s and 80s, EBM is the science of identifying, analyzing, and interpreting the best evidence to help you make decisions in the care of your individual patient. The EBM process seeks to remove bias from the decision-making process and to help assure that evidence is valid, study methodologies are sound, and the conclusions are warranted. It is through understanding and incorporating the EBM process and culture that we change personal opinion or marketing hype to data we can sink our teeth into with confidence. Adopting EBM broadly into the specialty, however, will take a significant and sustained effort and a cultural shift on how we do things. The rewards for this effort, however, will be better and safer care for our patients, an elevation of the science of plastic surgery, and a powerful tool to combat unsubstantiated marketing claims.

In order to make this change a specialty-wide coordinated effort, a landmark meeting was held in Colorado Springs on August 27-29 of this year.

“Evidence-Based Plastic Surgery: Transforming the Specialty” brought together society leadership, academicians, educators, journal editors and representatives, of the American Board of Plastic Surgery. In addition, representatives from the disciplines of facial plastic surgery, oculoplastic surgery, and dermatologic surgery were active participants to ensure that this important patient safety effort reached across all core aesthetic providers. Outside experts Dr. Mohit Bhandari, an EBM expert and orthopedic surgeon from McMaster University, and Dr. Steven Claypool, an Internist specializing in health care informatics with LWW, helped us learn from the experiences in other specialties as they have incorporated EBM. For two days the participants discussed the promise of EBM for our specialty, the barriers to elevating evidence within our specialty, and how to craft a comprehensive and inclusive “game plan” of practical, measurable, and “do-able” steps to make EBM a reality in reconstructive and aesthetic surgery. Not only was the summit a success in achieving these goals, but it was also an example of the ongoing cooperative efforts between your Societies. The summit was co-sponsored by ASAPS, ASPS, and the American Academy of Facial Plastic and Reconstructive Surgery, with additional generous support from Lippincott, Williams & Wilkins.

The discussions and break-out sessions explored how to further incorporate EBM into our meetings and symposia, our journals, residency training, the board certification process, and all aspects of our specialty. By the time Sunday arrived the group had created an action plan and formulated a consensus statement, some points of which are outlined below:

Multispecialty Consensus Statement

1. Incorporating evidence-based medicine (EBM) into all the core specialties of plastic surgery, both aesthetic and reconstructive, is critical to ongoing improvements in patient safety and quality of care and must be a priority of all plastic surgery organizations, leadership, researchers, educators, practicing surgeons and the public.
2. A coordinated strategy with practical goals, assignment of responsibility, and impact metrics will be the most efficient and effective way to implement changes in EBM use and culture.
3. The incorporation of EBM must involve a culture change beginning within leadership and educators that is consistently and constantly reinforced to all practicing physicians, trainees and allied health personnel.

It is the opinion of the authors and everyone who participated in the Summit that no plastic surgeon has the luxury of letting these principles languish. It is our opinion, and we hope you agree, that evidence based medicine must be applied to our specialty for many reasons, but first and foremost, to protect our patients. The full consensus statement will be published in upcoming issues of *The Aesthetic Surgery Journal* and *Plastic and Reconstructive Surgery*.

The above is only a start but a critical step in taking back control of the doctor patient relationship in plastic surgery. As with all ASAPS initiatives, this one begins in education. The following bullet points are action items your Society is immediately putting into place:

- All Scientific Sessions and Teaching Courses at our Annual Meeting will include an evidence rating scale from

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Physician's Coalition for Injectable Safety holds Webinar on Adverse Events with Injectables



John E. Gross, MD

On November 9, 2010, The Physicians Coalition for Injectable Safety held a non-CME webinar on adverse events with injectables. More than 60 registered for the event and over 200 participated, making this session, at 43 percent, the highest attended of any ASAPS webinar to date. This is the first of three webinars the group will be conducting over the next six to eight months.

The 60 minute session is open to all members and candidates. I am pleased to be moderating an exciting panel of doctors from our Coalition societies. Speakers include:

- Roger A. Dailey, MD from the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)
- Claudio L. DeLorenzi, MD from the

Canadian Society of Aesthetic Plastic Surgery (CSAPS)

- Jeffrey S. Dover, MD from the American Society for Dermatologic Surgery (ASDS)
- Jonathan M. Sykes, MD from the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
- Mark L. Jewell, MD, a Past President of the Aesthetic Society.

These subspecialty leaders will discuss complications, adverse event prevention and management. This will include information on how to differentiate between various conditions, the use of hyaluronidase, treatment for vascular adverse events, biofilms and proper preparation for injecting.

Mark L. Jewell, MD, founder of the Coalition and its first Chair, has been

working on updates for the very popular and highly valuable Safety with Injectables Workbook that was released last year. Along with the usual introduction of new products and changes in current ones, the update will also include steps to address infection control, prevent injection errors, and maximize patient satisfaction when using injectables. He will be speaking about this highly anticipated update and give new details about what is included and when we can expect this release.

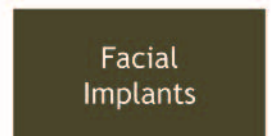
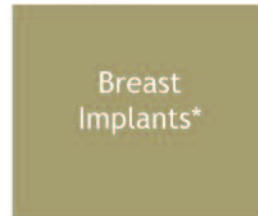
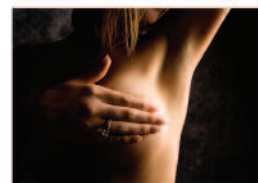
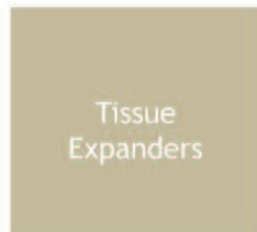
I encourage you to register for this important webinar and look forward to a lively and insightful exchange.

John E. Gross, MD is an aesthetic surgeon practicing in Pasadena, CA. He is Chair of the Physician's Coalition for Injectable Safety.


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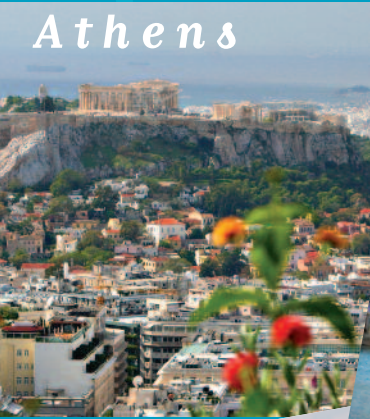


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Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

“Stem cell face-lifts may sound futuristic, but they are not completely far-fetched,” says Dr. J. Peter Rubin, an associate professor of plastic surgery and co-director of the Adipose Stem Cell Center at the University of Pittsburgh. Rubin is chairing a joint committee of the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons that is currently looking into this very procedure.”

Stem Cell Face-Lifts on
Unproven Ground
Los Angeles Times
September 13, 2010

“If you want something that’s truly corrective and makes a long-term difference, you go to the doctor’s office,” says Susan Wells, president of the Society of Plastic Surgical Skin Care Specialists. “A good, effective facial completely removes the top, dead layer of the epidermis so healthier skin is exposed and at-home products are able to actually penetrate,” says Adam Kolker, a New York plastic surgeon who employs a full-time aesthetician. “We have a deep and comprehensive toolbox to do that.”

Face Off
W Magazine
August 2010

The purpose of plastic surgery is to make people feel comfortable with who they are and copying a person’s appearance “runs counter to what aesthetic surgery stands for,” said Dr. Felmont Eaves, president of the American Society for Aesthetic Plastic Surgery. “People might look for extreme changes and what they do may go outside patient safety doing too much, too many things,” he said. Surgeons should be cautious because their clients “may be requesting something psychologically and emotionally not healthy, but something that’s dangerous.”

Celeb Lookalike Surgery
Requests Raise Red Flags
CNN
July 27, 2010

“According to the American Society for Aesthetic Plastic Surgery, there were nearly 5,000 butt lifts performed in the U.S. last year, a 37% increase over 2008. Such procedures can cost from \$8,000 to \$15,000. Ms. Bloomstone recalls thinking there had to be a cheaper solution. “What do you think about a pair of panties that replaces what a padded bra does, but for your booty?” Ms. Bloomstone recalls asking Ms. Reisler, who in response “just looked at me and said, ‘Oh, my gosh! Yes!’”

Goodbye, Girdle: Curvy
Stars Spark a Raid on Padded Panties
Wall Street Journal
July 22, 2010

“Last year, about 7 percent of cosmetic procedures were performed on people 65 and older, according to the American Society for Aesthetic Plastic Surgery. The biggest group is 35- to 50-year-olds. But cosmetic surgery after 65 has increased almost sixfold since 1997, to more than 675,000 last year. Facelifts and cosmetic eye lifts are the most popular procedures in this age group, and those are dwarfed by less invasive (and less expensive) injectable cosmetic treatments, such as Botox.”

More Seniors Opt for
Cosmetic Procedures to Fight Time
St. Petersburg Times
September 7, 2010

“Like any other idea or innovation, cautious people want to wait until the pendulum swings to make sure it’s actually safe and the results are worth the time and expense to go through the procedure,” said Dr. Malcolm Roth, director of plastic surgery at Maimonides Medical Center. “Many of the current synthetic fillers on the market Restylane and Juvederm, for example with outstanding safety and efficacy data with millions of patients treated have one-year results or more,” said Dr. Julius Few, director of the Few Institute and commissioner of cosmetic medicine for the American Society for Aesthetic Plastic Surgery.”

“Vampire Facelift” Uses Blood
to Get Rid of Wrinkles
ABC News
July 9, 2010

International Programs

Continued from Cover

an extensive PowerPoint presentation to assist in this very important task.

The International Fellowship Program is open to any foreign resident or fellow (first year after completion of training) from any country in the world to spend time visiting a center(s) of his/her choice in the United States. The visitor is only allowed to observe without any direct patient contact. The length of the fellowship depends on several factors, including length of time the Fellow can spend in the USA, the length of time the facility and/or surgeon can accommodate the fellow and financial considerations; the maximum funding is US \$7,500. Any expenses beyond that amount would be the responsibility of the fellow.

The ASAPS International Fellow will be invited to The Aesthetic Meeting 2011 to share their experiences with us once they return to their home country.

2010 International Fellows Have Busy Itineraries

Our current International Fellows, Dr. Chin-Ho Wong of Singapore and Dr. Aina Greig of Great Britain are scheduled to visit a variety of member’s practices. Dr. Wong will be visiting Dr. Fritz Barton in Dallas, Texas at the Department of Plastic Surgery at UT Southwestern from January 2011 thru March 2011; Dr. Greig will be visiting Bahman Guyuron, MD, Michael Yaremchuk, MD, and Rollin Daniel, MD, as well as several non-member surgeons. It is our goal to have these new “ASAPS Ambassadors” become leaders and educators in Aesthetic Surgery and long term friends and representatives of The Aesthetic Society worldwide.

Clyde H. Ishii, MD is an aesthetic surgeon practicing in Honolulu, HI. He is Chair of the International Fellowship Program.

Financial Planning

Continued from Page 7

- Make sure you are in touch with the hospital(s) you trained in prior to April, 2005. On March 2, 2010, the IRS announced that it has made an administrative determination to accept the position that medical residents are exempted from FICA taxes based on the student exception for tax periods ending before April 1, 2005

Practicing Plastic Surgeons (Retirement)—Distribution and Conservation

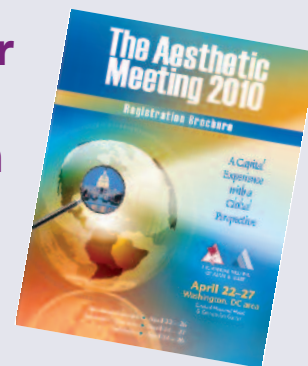
- Plan for the sale of and transfer of your practice. Make sure to tell any prospective purchasers that you will continue to work in the practice and help make the transition of existing patients to the new plastic surgeon. This will maximize the value of your practice for purposes of the sale.
- Plan for the proper distribution of income during retirement to maintain your lifestyle and minimize income taxes. This includes using charitable giving strategies such as direct gifts, Charitable Remainder Trusts, Charitable Lead Trusts and others.
- Conduct a periodic review of your estate plan to incorporate the smooth distribution of assets at death to your heirs. Make sure to take Income in Respect of a Decedent (IRD) into consideration.
- Plan to minimize your estate taxes. Since plastic surgeons typically earn substantial incomes, you are likely to have sizeable estates. Review your estate plan and legal documents to take advantage of any tax legislation and/or changes in your personal situation (divorce, grandchildren, sale of your practice, etc) into account. Don't forget to provide for children from a previous marriage, if applicable.

Lawrence B. Keller, CLU, ChFC, CFP® is the founder of Physician Financial Services, a New York-based firm specializing in income protection and wealth accumulation strategies for physicians. He can be reached at (516) 677-6211 or email Lkeller@physicianfinancialservices.com with questions or comments.



Member Webinar Held on “Best of Hot Topics” from The Aesthetic Meeting 2010

Clyde H. Ishii, MD



A problem I undoubtedly share with countless ASAPS members every year at the Aesthetic Meeting is the scheduling conflicts I have with interesting, cutting-edge panels like the Hot Topics Panel. After missing this every year, my only other option was to purchase the DVD when it became available through the Aesthetic Society. While that is always a great option and I am grateful for the recordings, life gets busy back at home with the practice and many things like DVD-watching, slip through the cracks. I am sure this scenario sounds familiar to many members who are racing from course to course and the exhibit halls to try to get everything done in such a short time.

This year, the Webinar Subcommittee combined forces with the Program Committee and Education Commission to attempt to remedy this problem. The Best of the Hot Topics is one of the most popular panels and has a great deal of new, exciting off-label information packed into a short 45-minute span of time. This year in Washington DC was no exception—we had great panelists who presented updated information on: biofilms in relation to breast implants and fillers; filler complications; ATX-101—an injectable drug to reduce localized fat; and an update of past Hot Topics. Moderators, Dr. William P. Adams, Jr and Dr. Joe M. Gyskiewicz then agreed to host the Webinar and answer any attendee questions that came in.

Through the latest Webinar technology, we were able to run video of this highly rated panel over the internet to all of our members who registered and for the first time, also give additional CME credit. Over 130 surgeons registered for this online course and we received a 42% turnout which is well above the industry standard of 25% for a webinar. As always, as a member service we offer all of our

webinars as downloads on the website at: www.surgery.org/professionals/webinars. “Best of the Hot Topics” is up there right now available for download.

The quick survey at the end of the session showed a 4.5 out of 5 approval rating and most doctors strongly agreed that this webinar met their expectations and educational needs. One doctor commented, “I went to hot topics in Washington DC still enjoyed the rerun and learned something. Perhaps we should open this up throughout the year to include best/top lectures—free if you attended the meeting as you can never see it all! Thanks!”

The CME survey showed even greater promise—each doctor had over 2 new strategies after participating in the webinar and the top 2 areas were “breast procedures” and “patient safety.” The only challenges that would prevent them from implementing these new strategies would be “time,” “expense” and the “economy,” which is something that affects us all.

The webinar world is still new to us as this is now only our second year with interactive, online programming, and we have just begun to see how far and what directions we can go in with this technology. In the ASAPS initiative to be leaner and greener with our meetings and planning, while going bigger on education and patient safety, we have the perfect vehicle in webinars to drive us to both of those destinations. In terms of interactivity, costs, reach and platform—we couldn't ask for a better one. On behalf of the Webinar Subcommittee—thank you for participating and we look forward to planning more and hearing your feedback.

Clyde H. Ishii, MD is an aesthetic surgeon practicing in Honolulu, HI. He is Commissioner of the Aesthetic Society's Membership Commission.

Aesthetic Society Member New President of AAAASF

The American Association for the Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) recently announced that Harlan Pollock, MD has been elected their new board president. He assumes the post after serving as vice president for the board of directors and performing many roles and chairing many committees such as the strategic planning committee and standards committee. Dr. Pollock has been practicing plastic surgery for more than forty years and performs a variety of surgical procedures at North Dallas Plastic Surgery, which has been fully accredited by the AAAASF for over twenty five years.

ASAPS members are no strangers to “Quad A” leadership. Dr. Pollock follows ASAPS Board member Dr. Lawrence S. Reed, who served as the organization’s President last year. Geoffrey R. Keyes, MD, ASERF President serves as the AAAASF Vice President and their board of trustees includes Aesthetic Society Past Presidents Gustavo A. Colon, MD, Daniel C. Morello, MD, Robert Singer, MD, and Alan H. Gold, MD. Quad A certification is considered by many Aesthetic Society members to be the gold standard in surgical facilities accreditation.

Evidence-Based Plastic Surgery

Continued from Page 8

one to five, letting you decide fact from opinion.

- This same scale will be introduced into original articles published in the *Aesthetic Surgery Journal*.
- A new web-based publication is in development to help consumers decide, based on available published evidence, which new “advances” are based on scientific fact—and which are not.

This is only a beginning; but we need to hear from you on this important initiative. Please forward any comments or opinions to editorASN@surgery.org.

Felmont F. Eaves, III, MD is an aesthetic surgeon practicing in Charlotte, NC. He is President of the Aesthetic Society.

ASJ Reader Survey

Continued from Cover

33% of our readers only read the physical journal and less than 10% prefer mainly internet. Short summary: the print edition is not going anywhere soon.

the publication is read. The questionnaire, done by independent research company Readex Research, has results that are surprising in some areas and show growing trends in others.

Accessibility

In the changing landscape of technology, with electronic readers and iPads doubling in sales from previous years, we are at a crossroads when it comes to printed journals vs. online reading.

Right now, 57% of subscribers have read articles online as well as in print. This is no surprise when we think of readers, from seasoned surgeons to residents searching online for the newest information, traveling to different cities with a laptop or doing research for a new study. Of course, there is something comfortable about picking up a journal and flipping through the pages—33% of our readers only read the

74% read some or most of the articles in a specific issue, and 13% of subscribers read ASJ from cover to cover.

physical journal and less than 10% prefer mainly internet. Short summary: the print edition is not going anywhere soon.

Readership

As much as the editorial team would like to think that readers go through every word and reference, we have found that our audience mainly reads what they find interesting. Luckily, 90% of the readers find more than a few articles of interest, 74% read some or most of the articles in a specific issue, and 13% of subscribers read ASJ from cover to cover.

Advertising

The type and amount of advertising in our journals is not an accident or solely based on selling—they are selected for their relevance and relationship to our specialty. In our 2010 survey, we have learned that the top four products Aesthetic Surgeons recommend are:

1. Breast Implants
2. Skin Rejuvenation Products
3. Medical Compression Products/Garments
4. Moisturizers and Sunscreens

50% of our readers have looked at the products advertised in *ASJ* and either visited the website, contacted the company, purchased the product or discussed the product with others.

While learning about new products mainly comes from the exhibits at our meetings, sales representatives or word of mouth, the fact that our readers rely on us to have the newest products and services displayed in *ASJ* proves our value to advertisers and the trust our readers hold in the publication.

Reader Profile

42% of *ASJ* readers see over 50 patients a week and 49% are just below that number at 20-49 patients. Our readers are busy and active in the world of plastic surgery and are relying on the *Journal* to keep their skills and knowledge up to date. 94% of the doctors have some kind of purchasing power for their offices and hospitals and can affect the products on the market (and often do). As surgeons, we are responsible for making sure new technologies and products do what they are supposed to and give our patients the best options.

The results of this survey have given the editorial staff and our publishers a great deal of insight. As industry leaders, please continue to let us know your thoughts and submit thought-provoking articles and letters. After all, our goal is to improve with every issue and challenge ourselves to meet your expectations.

Foad Nahai, MD is an aesthetic surgeon practicing in Atlanta, GA. He is Editor-in-Chief of ASJ and a Past President of the Aesthetic Society.

News from the Central Office

Aesthetic Society President Felmont F. Eaves, III, MD and Executive Director Sue Dykema are proud to announce the following staff promotions. They include:

Adeena Babbitt

Director of Public Relations

Many of the positive stories you see in the national media concerning the Society are the result of the hard work of Adeena. An eight year Society employee, Adeena runs our Public Education efforts out of our New York office. She is active in the Public Relations Society of America and plays an integral role in the promotion of our Project Beauty program. She can be reached at adeena@surgery.org

Diana Hernandez-Guerrero

Director of Finance

Diana has been diligently working behind the scenes at the Society for 14 years in such vital areas as finance, human

resources, meeting registration, and coordinating our yearly financial audit. Diana's dedication to ASAPS is seconded only to her son CJ. Please say hello to her at The Aesthetic Meeting this year in Boston. She can be reached at diana@surgery.org

Tom Purcell, CAE

Director of Development

Tom's work over the past year for ASERF has been exemplary; he now brings the same level of commitment to his new role as Director of Development, supervising all Society grants and fundraising programs. Tom recently achieved his Certified Association Executive designation, putting him among the top ranks of association professionals. He can be reached at tom@surgery.org

Debi Toombs

Director of Education

Debi counts among her ASAPS "family" past presidents, education chairs, and many committee members. No stranger to anyone who has been involved in our educational efforts or served on our Board of Directors, Debi is a long-time ASAPS employee, is active in the Professional Convention Management Association and the proud grandmother of Griffin. Debi is now directly responsible for all staff activities that relate to The Aesthetic Meeting and all other educational venues. She can be reached at debi@surgery.org

Please join us in congratulating these stellar employees and wishing them the best of luck in their new roles.

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Living at over 11,000 feet above sea level in a rural, mountainous region has certain disadvantages when it comes to immediate access to water, medical attention and basic health needs. The 60,000 people who live in the Sacred Valley of the Incas in Coya, Peru encounter these problems daily, as well as hazardous dangers with road conditions and various fireplaces/stoves that lead to high burn incidences. Morbidity and mortality rates are the highest in Peru and certain conditions and congenital defects usually go untreated.

Miami plastic surgeon and Aesthetic Society member, B. Pat Pazmino, MD traveled to this remote region with a team of doctors, nurses and support staff with Project Peru to provide much-needed medical aid. The team performed reconstructive surgery to heal scarring due to burns, trauma, and tumors, while also dealing with birth defects, microtia and other physical conditions.

All together, 52 surgeries and procedures were performed in 5 days at the Kausay Wasi Clinic, which hosts 12-15 visiting volunteer US Medical Teams a year in Coya. The clinic is a non-governmental, non-denominational project founded by Florida based philanthropists Guido and Sandy del Prado to help the inhabitants of this specific region. While being a dominantly Bilingual-Spanish speaking group helped the Miami team in Peru, speaking to the natives in the area was still a challenge because most only spoke Quechua—the ancient language of the Incas.

ASN asked Dr. Pazmino a few more questions about this project and his other charitable endeavors.

Plastic Surgery Mission to Peru

ASN: How did you get involved with this group?

Dr. Pazmino: I was introduced to the group through some patients of mine. It is a group based here in Miami, FL so it was important to us to compile an all Miami team. This helped immensely in creating camaraderie and forming a cohesive team.

ASN: How many people were in your team?

Dr. Pazmino: We had two plastic surgeons, two anesthesiologists, and ten nurses. This allowed us to run two ORs simultaneously and have an efficient flow of patients.

ASN: Was there a particular experience that stands out when you were on the mission?

Dr. Pazmino: There were so many experiences that stand out that I could go on and on. Overall, I was taken aback by the incredible generosity and faith that the clinic and its patients had in us. There were many patients with complicated soft tissue problems and we truly felt that we made a huge difference in their lives.

ASN: Tell us about some of the patients and their surgeries.

Dr. Pazmino: We were able to perform 52 surgeries in 5 days. We treated patients with a huge variety of problems including microtia, severe burn scar contractures, breast cancer, skin lesions, birth defects, etc. These conditions can severely interfere with the activities of daily living. Aside from the physical limitations, these conditions also affect a person's self-esteem and acceptance within society. Correcting these defects through plastic surgery helped to greatly improve the quality of life of these patients.

ASN: Do you plan on participating in future missions?

Dr. Pazmino: I have since returned again to Peru after my 2008 trip and this year I traveled and worked in Haiti. This coming Spring/Summer our



team is planning a trip to South America or Sub-Saharan Africa.

ASN: What advice would you give to young aesthetic surgeons wanting to get involved in philanthropy?

Dr. Pazmino: I would highly recommend these trips to young aesthetic surgeons- they build your confidence (if you can perform complex surgery with just a headlight plugged into a generator in a tiny room at 11,000 feet (more than twice as high as Denver) you can do just about anything. These trips recharge my batteries because they are medicine in its purest form—using your skills to help another person without bureaucracy, insurance companies, or any other headaches getting in the way. The kindness and gratitude with which they pay you is more than any HMO will ever give you.





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Fake Reviews

Since advertising heralds one product or service without neutral evidence-based comparisons, such presentations are inherently biased. We know that, so we filter both overly negative and overly positive reviews to compensate for the advertiser's assumed agenda. What we don't expect are outright lies.

As a Society, we have already addressed this issue with our Code of Ethics, Section 2.I.G which prohibits participation in any communication which is false, fraudulent, deceptive or misleading, including a communication which, "Is not identified as a paid advertisement or solicitation unless it is apparent from the context that it is a paid advertisement or solicitation." In other words, if you are giving your patients gifts or discounts for posting, you need to say so right next to the blog.

Other industries don't have the same codes. For example, in July 2009, Lifestyle Lift settled with the State of New York Attorney General's Office by paying a \$300,000 fine for employees posing as satisfied customers and posting favorable reviews. Lifestyle Lift's statement said it "regrets that earlier third-party Web site content did not always properly reflect and acknowledge patient comments or indicate that the content was provided by Lifestyle Lift." The Attorney General's Office stated this was "a strike against the growing practice of 'astroturfing,' in which employees pose as independent consumers to post positive reviews and commentary to Web sites and Internet message boards about their own company."

Soon thereafter, on October 5, 2009, the Federal Trade Commission issued guidelines for endorsement bloggers,

requiring them to disclose their conflicts of interest, namely whether they are paid per blog or tweet to market a product. Although the guidelines do not carry the force of law, the FTC announced it would use them to benchmark individual, but primarily industry behavior.

Perhaps coincidentally, within a few months a private citizen watchdog became suspicious of 5-star reviews being posted for iPhone applications which contained a repeated pattern of grammatical errors. An examination of 44 separate reviews of the Chinese iPhone application developer Molinker confirmed that all but 2 were fake. As a result, on December 8, 2009 all 1000+ of Molinker's applications were removed and banned from the App Store.

Banning Molinker's reviews was done in house by Apple. However, the Federal Trade Commission on August 26, 2010 announced the first prosecution and settlement under these guidelines against Reverb Communications, coincidentally again involving Apple. The FTC announced, "Companies, including public relations firms involved in online marketing need to abide by long-held principles of truth in advertising," said Mary Engle, Director of the FTC's Division of Advertising Practices. "Advertisers should not pass themselves off as ordinary consumers touting a product, and endorsers should make it clear when they have financial connections to sellers."

Reverb Communications paid its employees to post fake reviews about client's games available through the Apple iTunes Store. Reverb admitted no wrongdoing, and stated, "Rather than continuing to spend time and money arguing, and laying off employees to fight what we believed was a frivolous matter, we settled this case and ended the discussion." In the settlement, the fake reviews were pulled, and Reverb promised to not make posts without revealing its connections to the bloggers and the products being endorsed. Unfortunately, according to the FTC, "The settlement did not involve any monetary penalties."

These prosecutions will not stop deceptive advertising, any more than posted signs will stop speeders, but one can hope the more egregious violators will be somewhat deterred. In the meantime, in case you have endured a negative post, take comfort knowing that thanks to Reverb, Molinker, Lifestyle Lift and all the companies yet to be caught, your patients are just as suspicious of your negative reviews as they are shopping at Amazon.com.

Bob Aicher, Esq. is the Society's Corporate Counsel.



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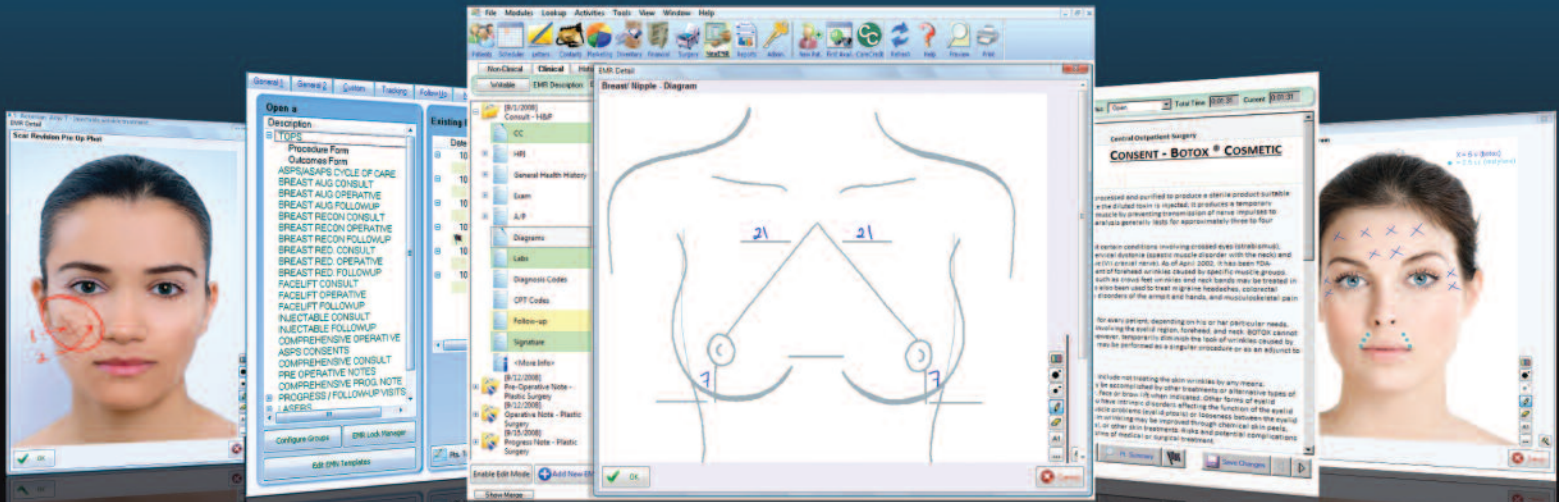
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*If you would like information on partnering with the
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